



Southtowns Asthma & Allergy Center

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Luis Melgar, MD

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Internal Medicine – Asthma – Allergy - Immunology

NEW PATIENT INFORMATION

Please Circle One:

Primary Care or Specialty Care

PATIENT DEMOGRAPHICS

Legal Full Name:		Preferred First Name :
Date Of Birth:	Social Security #:	
Telephone Number: ()	Cell Phone Number: ()	
Marital Status:	Birth Gender:	Race:
Email:	Language:	Ethnicity:
Physical Address:		
Mailing Address:		

RESPONSIBLE PARTY INFORMATION

Name:	Date of Birth:
Address:	
Phone: ()	Social Security #:

INSURANCE INFORMATION

Policy Holder's Name:	Policy Holder's Date of Birth:
Relationship To Policy Holder:	
Policy Holder's Phone #:	Policy Holder's Cell Phone #:
Address:	
Policy Holder's Employer	Phone Number: ()

PHARMACY INFORMATION

	Primary	Secondary	Mail Order
Name			
Address			
Phone #:			

SIGNATURE

DATE

www.luismelgarmd.com

Office Staff Initials: _____